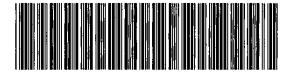
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> 2016 SEP 29 FH 3: ILU SECRETARY OF STATE FAIL LANASSEE, FLORIDI

K. SALY SEP 3 0 2016

COVER LETTER

	iration Sec on of Corp			
SÚBJĚČŤ: _	MARTUSI	ER LLC.		
			ited Liability Company	
The enclosed A	rticles of A	mendment and fee(s) are sub-	mitted for filling.	
Please return al	l correspon	dence concerning this matter	to the following:	
		Maria Cendra De Negri		
			Name of Person	
		Smartuser LLC.		
			Firm/Company	
		13554 Mallard Crossing St	t.	
			Address	
		Orlando / Florida / 32837		
			City/State and Zip Code	
		mnegri@smartuser.org		
		E-mail address: (1	to be used for future annual report notifica	ation)
or further info	rmation co	ncerning this matter, please ca	ill:	•
Maria Cendra d	de Negri		407 401-3737	
	Name of	Person	at () Area Code Daytime T	elephone Number
Enclosed is a cl	heck for the	e following amount:		
■ \$ 25.00 Fili	ng Fee	☐ \$30.00 Filling Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 266f Executive Center Circle. Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2016 SEP 29 PM 3: 40

SMARTUSER, LLC.

(Name of the Limited Liability Company as it now

here: designation "LLC" or the abbreviation "L.L.C."
designation "LLC" or the abbreviation "L.L.C."
on our records, <u>enter the name of the ne</u>
lorida street address
, Florida Zip Code
_

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager Luthorized Member	2016)
<u>Title</u>	<u>Name</u>	Address Address Address ALLAHASSEE FLORING	40 Type of Action
		ALLAHASSEE FLORII 	<u>//</u> □ Add
			□ Remove
			Change
			Add
			Remove
			Change
			Charige
			Add
		Remove	
			Charige:
			Charige
			Add
			☐ Remove
			П Сийнав

Maurizio Negri-90%	; Maria Negri-10% for	total ownership of	Smartuser, LLC.		
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fective date is listed, the	nan the date of filing date must be specific and	cannot be prior to dat	e of filing or more than 9	(optional) 0 days after filing.) Purs	suant to 605.
	n this block does not m on the Department of St		tatutory filing require	ments, this date will	not be liste
	· ,				
	lelayed effective da he record is filed.	ate, but not an	effective time, at	12:01 a.m. on t	he earlie
August 1, 2016					
.1		•			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00